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PTO/SB/81(01-05)  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	Concurrent Herewith
First Named Inventor	Eyal BEN-AROYA
Title	Apparatus and Method for...
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	047141.001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

25461

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or

Individual Name

Omri BENTOV

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City

Kfar Saba

State

ZIP 44246

Country

Israel

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date 3/29/2006

Name

Omri BENTOV

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1440, Alexandria, VA 22313-1440. If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

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Application Number	To Be Assigned
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Title	Apparatus and Method for...
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	047141.001

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Asaf GIGI

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I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date 3/21/2006

Name

Asaf GIGI

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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First Named Inventor	Eyal BEN-AROYA
Title	Apparatus and Method for . . .
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Attorney Docket Number	047141.001

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Yossi OFEK

Address

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature

Yossi OFEK

Date

3/21/2006

Name

Yossi OFEK

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

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	Filing Date	Concurrent Herewith
	First Named Inventor	Eyal BEN-AROYA
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	Examiner Name	To Be Assigned
	Attorney Docket Number	047141-001

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Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Adam WEINBERG

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Country Israel

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature Adam Weinberg Date 21-MAR-2006

Name Adam WEINBERG Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

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Israel

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Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

21-MAR-06

Name

Eyal BEN-AROYA

Telephone

Title and Company

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